



REQUEST FOR SICK RECEIPTS – ARTICLE 31.4.1 & 31.4.2

ARTICLE XXXI: SECTION 4.1 & 4.2

- (a) When a member is rendered unable to work for one (1) calendar month and has not worked more than four (4) days in that month because of sickness or disability, such member may apply for and receive sick receipts and be excused from the payment of monthly dues.
- (b) If it is found that a member fraudulently received a sick receipt while gainfully employed, such receipt shall be invalidated and that member will be required to pay full dues for each month involved.

I, _____ Register No. _____ a member in good standing of Loge 359, hereby make request for a sick receipt, having been under the care of a doctor for the following illness or disability:

(Give complete information above concerning injury/illness)

I have been unable to work since _____ and desire a
(date)

sick receipt for the month of _____. In my opinion, I will be able to return
to work on or about _____.
(date)

SIGNATURE OF MEMBER: _____
(I hereby certify that the above statement is true and correct to the best of my knowledge).

(Local Lodge Secretary-Treasurer or other Authorized Official)